Statement of Organization Recipient Committee		Type or print in ink		STATEMENT OF ORGANIZATION  Date Stamp  CALIFORNIA  A A A		
Statement Type	☐ Initial  Not yet qualified ☒ or	Amendment List I.D. number:  List I.D. number:  #	Termination – See Part 5 ist I.D. number:  Date of Termination	7	FC FC	or Official Use Only
1. Committee	Information		2. Treasurer and Other F	Principal Offi	ore	RT BEACH
NAME OF COMMITT	EE		NAME OF TREASURER	Tincipal Offi	Cers	
ASSII PAC		Newport Beach Private Dock Owners	Lysa Ray STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS ( 603 E Alton A			603 E Alton Ave STE H	STATE	ZIP CODE	AREA CODE/PHONE
-			Santa Ana, CA 92705			714-540-2295
CITY	STA	TE ZIP CODE AREA CODE/PHON		ANY		711 310 2273
Santa Ana, CA	92705	714-540-2295				
MAILING ADDRESS (	IF DIFFERENT)	721 340 2233	STREET ADDRESS (NO P.O. BOX)			
OPTIONAL: FAX / E-		HERE COMMITTEE IS ACTIVE IF DIFFERENT	NAME OF PRINCIPAL OFFICER(S)	STATE	ZIP CODE	AREA CODE/PHONE
	THAN COUN	NTY OF DOMICILE	Robert McCaffrey STREETADDRESS (NO P.O. BOX)			
Orange	Orange		603 E Alton Ave STE H			
Attach additional info	ormation on appropriately labeled	continuation sheets.	CITY	STATE	ZIP CODE	AREA CODE/PHONE
			Santa Barbara, CA 92705			714-540-2295
B. Verification I have used all reperjury under the Executed on Executed on Executed on Executed on	6/21/2 DATE	ByByByBy	signature of controlling officeholde	R OR ASSISTANT TREA R, CANDIDATE, OR STAI	SURER E MEASURE PROPON	IENT
	DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDE	R CANDIDATE OR STATE	E MEASURE PROPOS	ENT
				IN, OMNUDALE, OR SIAI	E WIEASURE PROPON	ENI

## Statement of Organization STATEMENT OF ORGANIZATION **Recipient Committee** CALIFORNIA FORM INSTRUCTIONS ON REVERSE COMMITTEE NAME 2 of Stop the Dock Tax, A Project of the Newport Beach Private Dock Owners Assn PAC I.D. NUMBER 1346455 4. Type of Committee Complete the applicable sections. Controlled Committee • List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election. List the political party with which each officeholder or candidate is affiliated or check "non-partisan." • If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee. NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) YEAR OF ELECTION PARTY ☐ Non-Partisan ☐ Non-Partisan • List the financial institution where the campaign bank account is located (controlled "candidate election" committees only) NAME OF FINANCIAL INSTITUTION AREA CODE/PHONE BANK ACCOUNT NUMBER **ADDRESS** CITY STATE ZIP CODE Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below: CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) CHECK ONE

Newport Beach

SUPPORT

SUPPORT

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Stop the Dock Tax NA

## Statement of Organization **Recipient Committee**

STATEMENT OF ORGANIZATION CALIFORNIA **FORM** 3 of 3 I.D. NUMBER

INSTRUCTIONS ON REVERSE COMMITTEE NAME Stop the Dock Tax, A Project of the Newport Beach Private Dock Owners Assn PAC 1346455 4. Type of Committee (Continued) General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box: X CITY Committee ☐ COUNTY Committee ☐ STATECommittee PROVIDE BRIEF DESCRIPTION OF ACTIVITY Oppose the Dock Tax in Newport Beach Sponsored Committee List additional sponsors on an attachment. NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE Small Contributor Committee

## 5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;

Date qualified

- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- · This committee has no surplus funds; and
- · This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to
  - -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 -89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.